

\_\_\_\_\_  
Name of party Submitting

\_\_\_\_\_  
Address of party Submitting

\_\_\_\_\_  
Phone of party Submitting

**BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO**

**PROVIDER,**

v.

**PAYOR.**

**MOTION FOR RECONSIDERATION**

DISPUTE NO.: \_\_\_\_\_

**PATIENT:**

**SOC. SEC. NO:**

**DATE(S) OF SERVICE:**

**DISPUTED AMOUNT: \$**

COMES NOW \_\_\_\_\_, Movant, pursuant to **Judicial Rule**

**(B)(3)(a) as referenced in IDAPA 17002.08.032** and requests that the Industrial Commission of the State of Idaho review the Administrative Order on Motion for Approval of Disputed Charge filed in this matter. This Motion is based on the Administrative Order, pleadings and exhibits filed with the Commission in this matter, and on other information relied on by Commission staff. If filed herewith, this Motion is also based on the Motion to Present Additional Evidence and on the information and evidence filed in support of the Motion.

Movant requests that the Industrial Commission review the Administrative Order for the following reasons:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

I certify that the information herein is true and accurate to the best of my information and belief.

DATED This \_\_\_\_ Day of \_\_\_\_\_, 1999.

BY: \_\_\_\_\_  
Signature of Authorized Agent

#### CERTIFICATE OF SERVICE

I hereby certify that on the \_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_, a true and correct copy of this Administrative Order was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION  
MEDICAL FEE DISPUTE COORDINATOR  
PO BOX 83720  
BOISE, ID 83720-0041

US Mail \_\_\_\_\_  
Hand Delivery \_\_\_\_\_  
Fax \_\_\_\_\_

Other Party's Address:

US Mail \_\_\_\_\_  
Hand Delivery \_\_\_\_\_  
Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent

